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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/481,106 07/18/2003 \* (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 63	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>					

**ADDRESS**  
 28653

**TITLE**  
 Integrated Personal Information Management System

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